Scorecard Goal:
Raise LTSS system performance

RAISING EXPECTATIONS 2014 SECOND EDITION

A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers

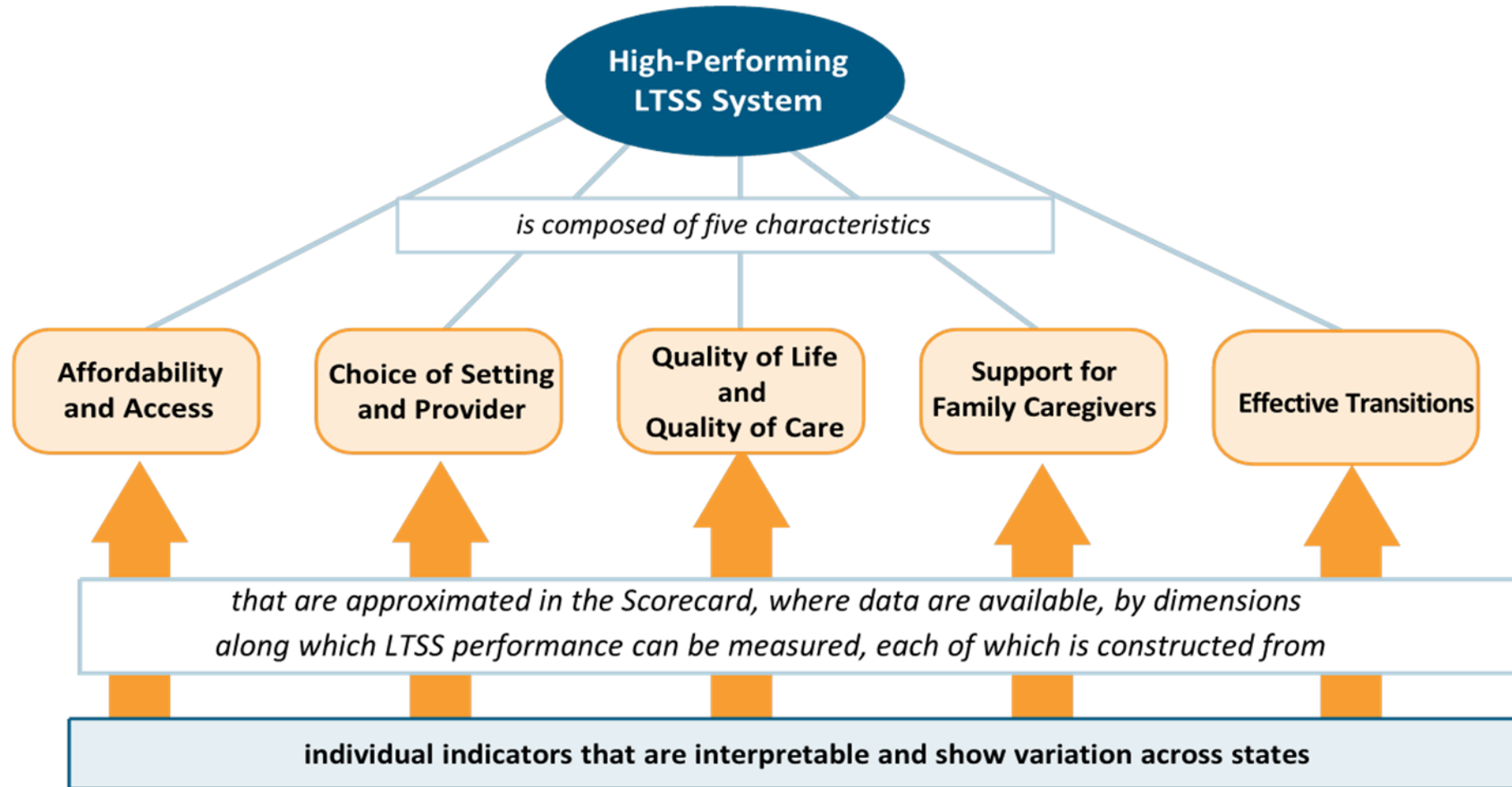Susan C. Reinhard, Enid Kassner, Ari Houser, Kathleen Ujvari, Robert Mollica, and Leslie Hendrickson

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Dimensions & Indicators

- Five dimensions are represented in the Scorecard.

- Each dimension comprised of 3-6 indicators for a total of 26.

- Criteria for indicators:

  - Important and meaningful, conceptually valid, easy to interpret with clear directionality and

  - Must be available for all states and updated regularly.

Framework for Assessing LTSS System Performance

High-Performing LTSS System

is composed of five characteristics

| Affordability and Access | Choice of Setting and Provider | Quality of Life and Quality of Care | Support for Family Caregivers | Effective Transitions |

that are approximated in the Scorecard, where data are available, by dimensions along which LTSS performance can be measured, each of which is constructed from

individual indicators that are interpretable and show variation across states

Source: State Long-Term Services and Supports Scorecard, 2014

Dimension: Affordability and Access

In a high-performing LTSS system, consumers are able to easily find and afford the services they need and there is a safety net for those who cannot afford services.

Affordability and Access includes:

- The relative affordability of private-pay LTSS;

- The proportion of individuals with private long-term care insurance;

- The reach of the Medicaid safety net and the Medicaid LTSS safety net to people with disabilities who have modest incomes; and

- The ease of navigating the LTSS system.

Affordability and Access: Indiana - Ranked 44

Nursing home affordability	28	↔
Home care affordability	32	↔
Private LTCI	42	↔
Percent of age 21+ with ADL disability receiving Medicaid assistance	38	↔
Medicaid LTSS	37	✔
ADRC functions	4	✔

ADRC functions (composite indicator, scale 0-70)
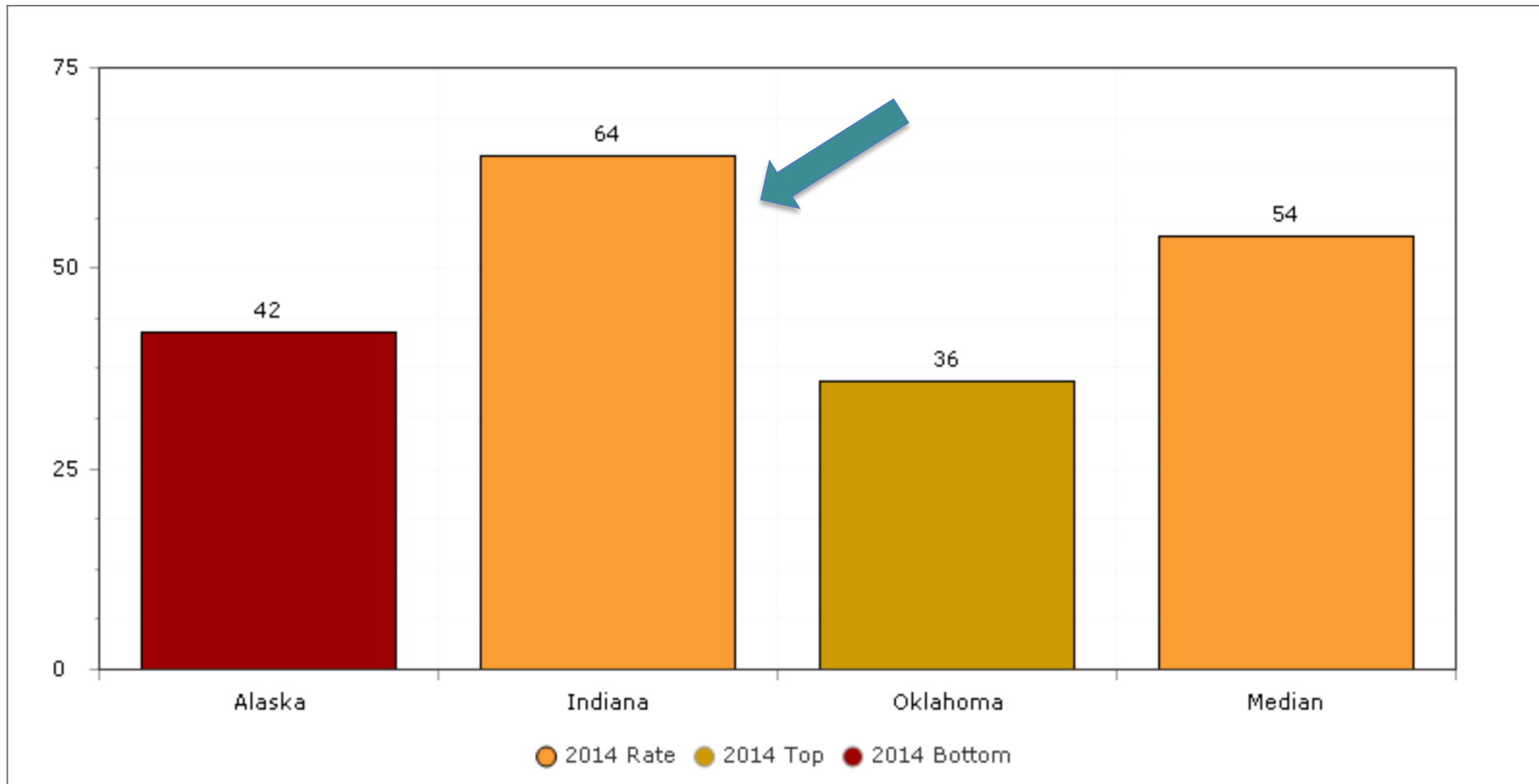
2014 Data: The Lewin Group 2012 assessment of ADRC Fully Functioning Status across 30 criteria.

Dimension: Choice of Setting and Provider

In a high-performing LTSS system, a person- and family-centered approach to LTSS places high value on allowing consumers to exercise choice and control over where they receive services and who provides them.

**Choice of Setting and Provider** includes:

- The balance between institutional services and HCBS;

- The use of community services first;

- The extent of participant direction; and

- The supply of home health aides and availability of alternatives to nursing homes.

# Choice of Setting and Provider: Indiana – Ranked 42

Medicaid balance	42	✔
Medicaid new users	39	✔
Participant direction	47	
Home health aide supply	39	✔
Assisted living units	11	↔

Percent of Medicaid and state-funded LTSS spending going to HCBS for older people and adults with physical disabilities
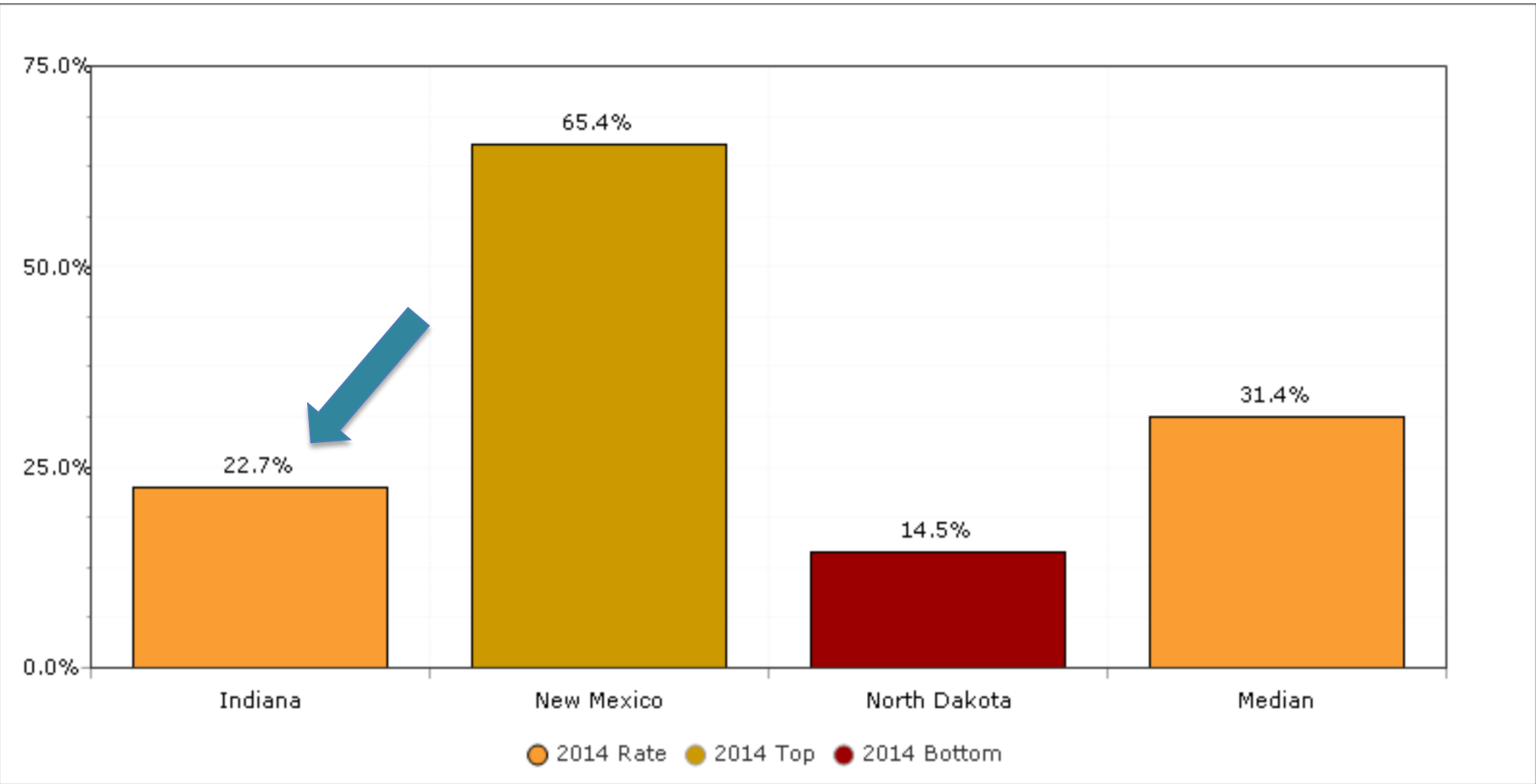
2014 Data: Truven Health Analytics, Medicaid Long-Term Care Expenditures FY2011; AARP Public Policy Institute Survey of State-Funded LTSS Programs.

Percent of new Medicaid aged/disabled LTSS users first receiving services in the community
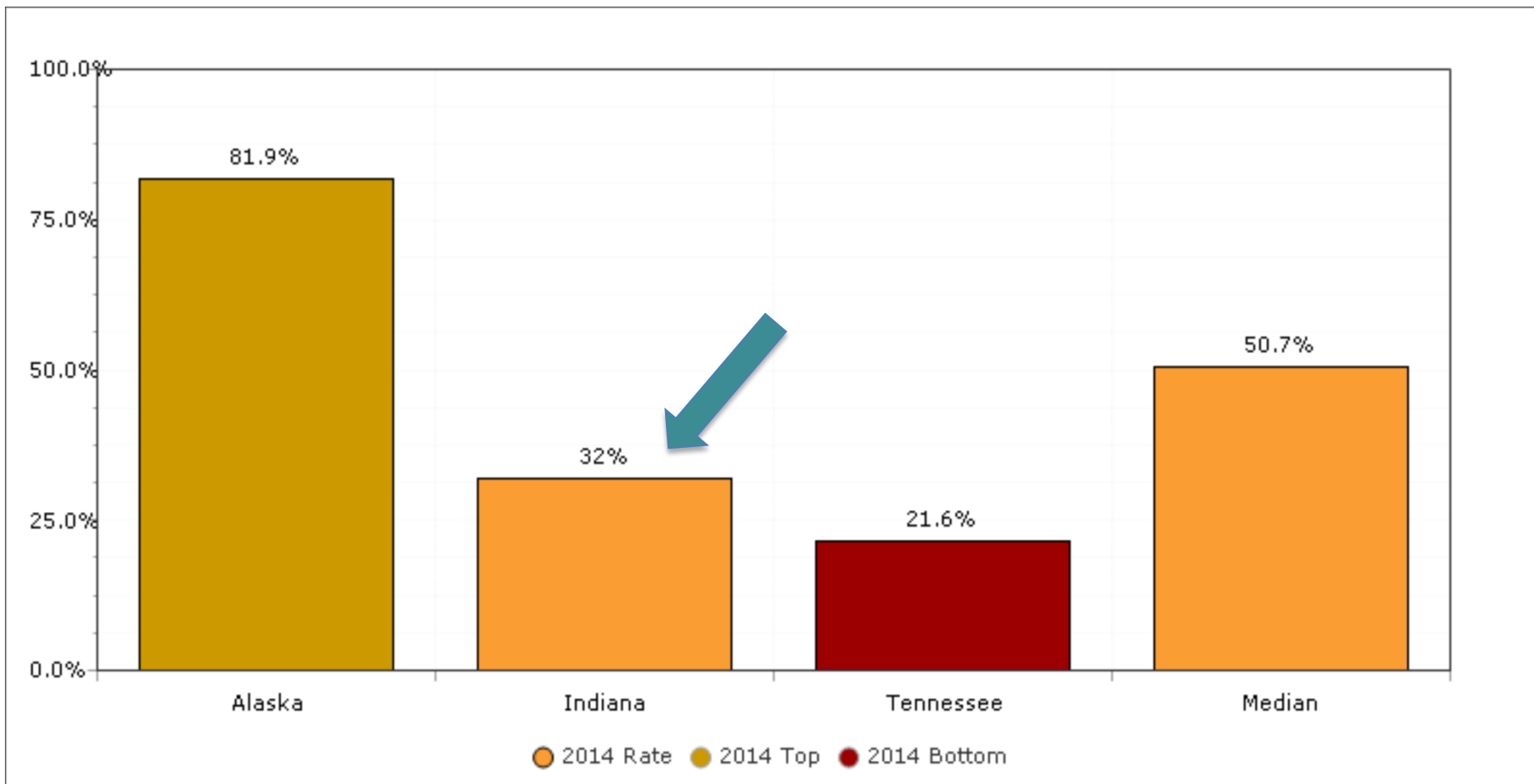
Dimension: Quality of Life and Quality of Care

In a high-performing LTSS system, services maximize positive outcomes and consumers are treated with respect. Personal preferences are honored when possible.

Quality of Life and Quality of Care includes:

- Level of support, life satisfaction, and employment of people with disabilities living in the community and

- Quality of care in nursing homes, including inappropriate use of antipsychotic medications, prevalence of pressure sores in high-risk residents, and staffing turnover rates

Quality of Life and Quality of Care: Indiana – Ranked 45

Needed support	37	↔
Satisfaction	42	✖
Employment – adults w/ disabilities	36	↔
NH - pressure sores	36	
NH - staff turnover	36	✔
NH - antipsychotic use	30	

Percent of long-stay nursing home residents who are receiving an antipsychotic medication
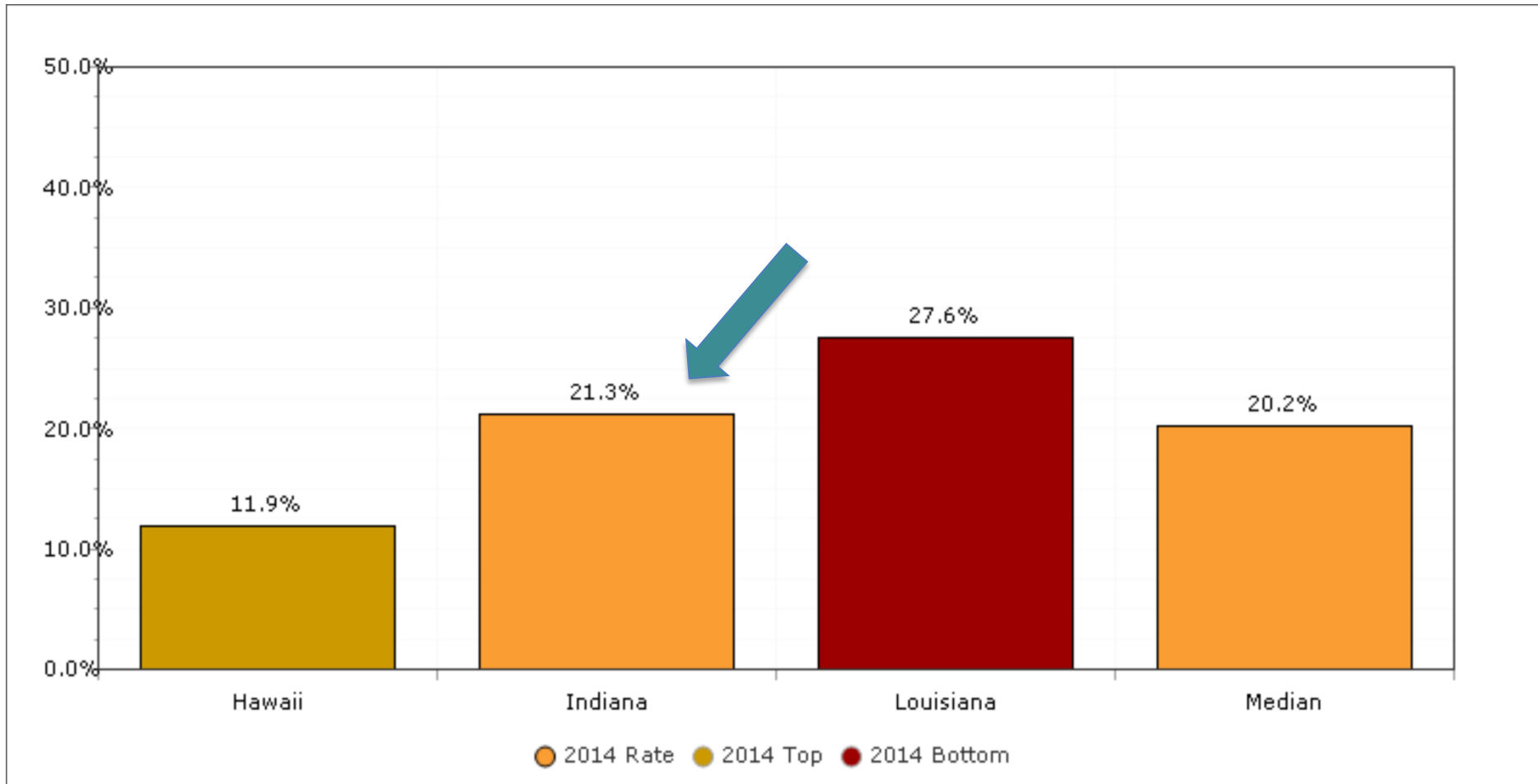
Dimension: Support for Family Caregivers

In a high-performing LTSS system, the needs of family caregivers are assessed and addressed so that they can continue in their caregiving role without being overburdened.

Support for Family Caregivers includes:

- Legal and system supports provided by the states;

- Emotional well-being reported by caregivers; and

- The extent to which registered nurses are able to delegate health maintenance tasks to non-family members, which can significantly ease burdens on family caregivers.

Legal and System Supports for Family Caregivers (Composite Indicator)

Exceeding federal minimum FMLA	• State that enacted full/partial paid family leave beyond the mandated federal minimum
Mandatory paid family and sick leave	• Provide mandatory paid sick days at the state or locality level
Having unemployment insurance for family caregivers	• Permit 'good cause' for separating from work to care for an ill family member
Protecting caregivers from employment discrimination	• State and local law includes family responsibility as a protected classification
Spousal impoverishment protection in Medicaid HCBS	• The extent of financial protection for spouses of Medicaid beneficiaries who receive LTSS
Having a caregiver assessment	• State conducts an assessment of family caregivers for their "own needs"

Support for Family Caregivers: Indiana – Ranked 51

Legal and system supports   44 ⟷

- Exceed FMLA (no)
- Paid family leave/sick days (no)
- Unemployment insurance for family caregivers (no)
- Employment discrimination (no)
- Medicaid spousal impoverishment (yes)
- Caregiver assessment (no)

Caregiver well-being   47

Nurse delegation   42 ⟷

Nurse Delegation – 16 Tasks Total

Administer oral medication ✔	Administer medication on as needed basis	Administer medication via pre-filled insulin or insulin pen	Draw up insulin for dosage measurement
Administer intramuscular injection medications	Administer glucometer test ✔	Administer medication through tubes	Insert Suppository
Administer eye/ear drops ✔	Gastronomy tube feeding ✔	Administer enema ✔	Perform intermittent catheterization ✔
Perform ostomy care including skin care and changing appliance ✔	Perform nebulizer treatment	Administer oxygen therapy ✔	Perform ventilator respiratory care

✔ = 8 Most Commonly Delegated Tasks

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Dimension: Effective Transitions

In a high-performing LTSS system, LTSS services are integrated effectively with health care and social services, minimizing disruptions such as hospitalizations, institutionalizations, and transitions between care settings.

Effective Transitions includes:

- Nursing home residents with low care needs;

- Nursing home residents who are unlikely to leave an institutional setting;

- Nursing home and home health hospitalizations;

- Burdensome hospital transitions at the end of life; and

- Transitions from nursing homes back to the community.

Effective Transitions:
Indiana - Ranked 33

Low care needs	17	✔
HH - hospitalizations	43	
NH - hospitalizations	32	↔
Burdensome transitions	21	
Long nursing home stays	45	
Transitions to the community	16	

Percent of people with 90+ day nursing home stays successfully transitioning back to the community

Indiana: 8.8%
Iowa: 4.8%
Utah: 15.8%
Median: 7.9%

○ 2014 Rate ● 2014 Top ● 2014 Bottom
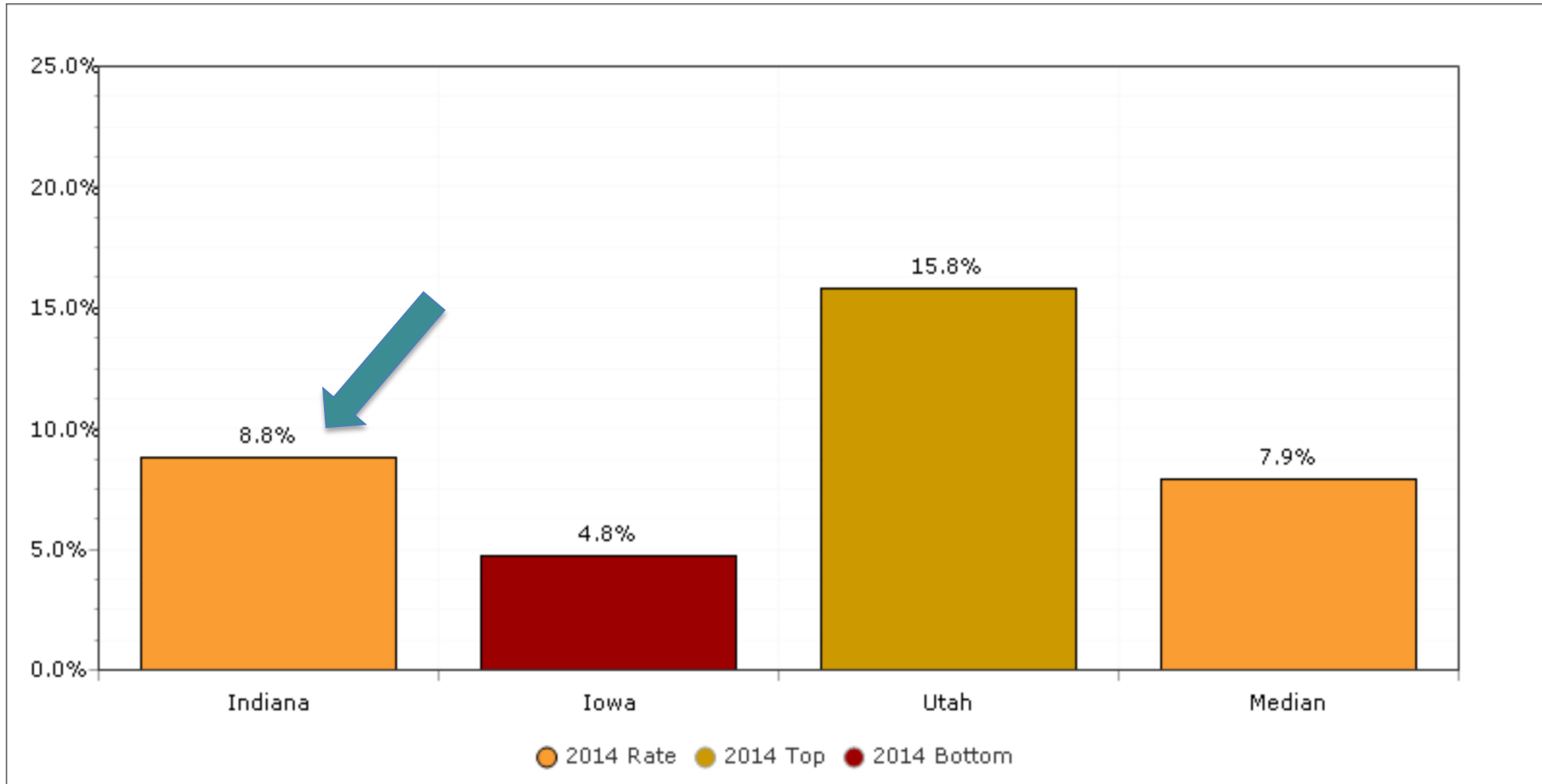
Impact of Improved Performance:

Indicator	If Indiana improved its performance to the level of the highest performing state:	
Low-Income PWD with Medicaid	32,563	more low- or moderate-income (250% poverty) adults age 21+ with activity of daily living disabilities would be covered by Medicaid.
Medicaid LTSS Balance: New Users	6,358	more new users of Medicaid LTSS would first receive services in home- and community-based settings
Nursing Home Low Care Needs	3,550	nursing home residents with low care needs would instead be able to receive LTSS in the community
Long Nursing Home Stays	2,794	more people entering nursing homes would be able to return to the community within 100 days
Transitions Back to the Community	2,803	more people with 90+ day nursing home stays would be able to leave a nursing home for a more home-like setting.

Note: PWD = People with Disabilities
Source: State Long-Term Services and Supports Scorecard, 2014

Major Findings

1. Some states have made progress on important indicators, but there are persistent differences in state performance

2. Even the top-performing states have room to improve

3. The gradual pace of improvement must accelerate to be ready for the aging of baby boomers

Overall system performance is driven by state Medicaid performance

The strongest indicators of high performance are:

- The reach of states' Medicaid LTSS programs to low- and moderate-income people with disabilities

- The state's Medicaid "balancing" – shifting funding away from nursing homes and toward HCBS

Family Caregivers:
The backbone of the LTSS System

A great area of public policy change:

13 states expanded nurse delegation, but 11 states permitted fewer than three tasks to be delegated to home care workers.

Role of Public Policy

Public policy plays an important role in LTSS systems by establishing:

- Who is eligible for assistance;

- What services are provided;

- How quality is monitored; and

- The ways in which family caregivers supported.

Scorecard State Fact Sheets

Indiana: 2014 State Long-Term Services and Supports Scorecard Results

Raising Expectations 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers takes a multi-dimensional approach to measure state-level performance of long-term services and supports (LTSS) systems that assist older people, adults with disabilities, and family caregivers. The full report is available at www.longtermscorecard.org

Purpose: The *Scorecard* measures system performance from the viewpoint of service users and their families. It is designed to help states improve the performance of their LTSS systems so that older people and adults with disabilities in *all* states can exercise choice and control over their lives, thereby maximizing their independence and well-being. State policymakers often control key indicators measured, and they can influence others through oversight activities and incentives.

Results: The *Scorecard* examines state performance, both overall and along five key dimensions. Each dimension comprises 3 to 6 data indicators, for a total of 26. It also measures changes in performance since the first *Scorecard* (2011), wherever possible (on 19 of the 26 indicators). The table below summarizes current performance and change in performance at the dimension level. State ranks on each indicator appear on the next page.

Dimension	Rank	Number of indicators with trend *	Number of indicators showing: **		
			Substantial improvement	Little or no change	Substantial decline
OVERALL	47	18	7	10	1
Affordability & Access	44	6	2	4	0
Choice of Setting & Provider	42	4	3	1	0
Quality of Care & Quality of Life	45	4	1	2	1
Support for Family Caregivers	51	2	0	2	0
Effective Transitions	33	2	1	1	0

* Trend cannot be shown if data are missing for either the current or baseline data year. In each state, 16 to 19 indicators have enough data to calculate a trend. ** See full report for how change is defined.

Impact of Improved Performance: If Indiana improved its performance to the level of the highest performing state:

➤ 32,563 more low/moderate-income adults with ADL disabilities would be covered by Medicaid.
➤ 6,358 more new users of Medicaid LTSS would first receive services in the community.
➤ 3,550 nursing home residents with low care needs would instead receive LTSS in the community.
➤ 2,794 more people entering nursing homes would be able to return to the community within 100 days.
➤ 2,803 more people who have been in a nursing home for 90 days or more would be able to move back to the community.

- Snapshot view of a state's Scorecard rankings overall and by dimension

- Backside provides high-level detail on state's performance on each indicator assessing:
  - Baseline Indicator Rate
  - Current Indicator Rate
  - 2014 Ranking
  - Change over time
  - All States Median
  - Top State Rate

- Provides a concise tool for highlighting areas needing improvement

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Indiana: 2014 State Long-Term Services and Supports Scorecard Dimension and Indicator Data

Dimension and Indicator (Current Data Year)	Baseline Rate	Current Rate	Rank	Change	All States Median	Top State Rate
OVERALL RANK			47			
Affordability and Access			44			
Median annual nursing home private pay cost as a percentage of median household income age 65+ (2013)	230%	241%	28	↔	234%	168%
Median annual home care private pay cost as a percentage of median household income age 65+ (2013)	94%	87%	32	↔	84%	47%
Private long-term care insurance policies in effect per 1,000 population age 40+ (2011)	31	34	42	↔	44	130
Percent of adults age 21+ with ADL disability at or below 250% of poverty receiving Medicaid or other government assistance health insurance (2011-12)	48.8%	49.1%	38	↔	51.4%	78.1%
Medicaid LTSS participant years per 100 adults age 21+ with ADL disability in nursing homes or at/below 250% poverty in the community (2009)	22.4	27.5	37	✔	42.3	85.2
ADRC functions (composite indicator, scale 0-70) (2012)	**	64	4	✔	54	67
Choice of Setting and Provider			42			
Percent of Medicaid and state LTSS spending going to HCBS for older people & adults w/ physical disabilities (2011)	18.2%	22.7%	42	✔	31.4%	65.4%
Percent of new Medicaid aged/disabled LTSS users first receiving services in the community (2009)	21.8%	32.0%	39	✔	50.7%	81.9%
Number of people participant-directing services per 1,000 adults age 18+ with disabilities (2013)	*	1.0	47	*	8.8	127.3
Home health and personal care aides per 1,000 population age 65+ (2010-12)	20	25	39	✔	33	76
Assisted living and residential care units per 1,000 population age 65+ (2012-13)	39	36	11	↔	27	125
Quality of Life and Quality of Care			45			
Percent of adults age 18+ with disabilities in the community usually or always getting needed support (2010)	68.4%	70.0%	37	↔	71.8%	79.1%
Percent of adults age 18+ with disabilities in the community satisfied or very satisfied with life (2010)	87.2%	84.7%	42	✖	86.7%	92.1%
Rate of employment for adults with ADL disability ages 18–64 relative to rate of employment for adults without ADL disability ages 18–64 (2011-12)	20.8%	22.3%	36	↔	23.4%	37.2%
Percent of high-risk nursing home residents with pressure sores (2013)	*	6.8%	36	*	5.9%	3.0%
Nursing home staffing turnover: ratio of employee terminations to the average number of active employees (2010)	76.9%	46.4%	36	✔	38.1%	15.4%
Percent of long-stay nursing home residents who are receiving an antipsychotic medication (2013)	*	21.3%	30	*	20.2%	11.9%
Support for Family Caregivers			51			
Legal and system supports for family caregivers (composite indicator, scale 0-14.5) (2012-13)	**	1.50	44	↔	3.00	8.00
Number of health maintenance tasks able to be delegated to LTSS workers (out of 16 tasks) (2013)	*	0	47	*	9.5	16
Family caregivers without much worry or stress, with enough time, well-rested (2011-12)	58.6%	59.0%	42	↔	61.6%	72.8%
Effective Transitions			33			
Percent of nursing home residents with low care needs (2010)	11.7%	10.0%	17	✔	11.7%	1.1%
Percent of home health patients with a hospital admission (2012)	*	28.2%	43	*	25.5%	18.9%
Percent of long-stay nursing home residents hospitalized within a six-month period (2010)	20.4%	20.4%	32	↔	18.9%	7.3%
Percent of nursing home residents with moderate to severe dementia with one or more potentially burdensome transitions at end of life (2009)	*	19.0%	21	*	20.3%	7.1%
Percent of new nursing home stays lasting 100 days or more (2009)	*	24.4%	45	*	19.8%	10.3%
Percent of people with 90+ day nursing home stays successfully transitioning back to the community (2009)	*	8.8%	16	*	7.9%	15.8%

* Comparable data not available for baseline and/or current year. Change in performance cannot be calculated without baseline and current data.
** Composite measure. Baseline rate is not shown as some components of the measure are only available for the current year. Change in performance is based only on those components with comparable prior data. See page 73 and page 83 in *Raising Expectations 2014: A State Scorecard on Long-Term Services and Supports for Older Adults, People with Physical Disabilities, and Family Caregivers* for more detail. Notes: ADL = Activities of Daily Living; ADRC = Aging and Disability Resource Center; HCBS = Home and Community Based Services; LTSS = Long Term Services and Supports.
Please refer to Appendix B2 on page 97 in the report for full indicator descriptions, data sources, and other notes about methodology; for baseline data years, please see Exhibit 2 on page 11. The full report is available at www.longtermscorecard.org

Key for Change:	
✔	Performance improvement
↔	Little or no change in performance
✖	Performance decline

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> Content:
> - Full Report
> - Executive Summary
> - Chart Pack
> - State Fact Sheets
> - State-by-State Interactive Comparisons
> - Methodology
> - Archived Webcast

Thank you!

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